

**ILLUSTRATION 1-1
SAMPLE 2**

CARRIER INFORMATION

USDOT # _____ ICC # _____

Legal name of company _____

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DBA _____

Mailing address _____

City _____ State _____ Zip _____

Telephone number _____ FAX _____

Federal Tax ID No. _____ or SSN _____

Gross Revenue \$ _____ End of fiscal year _____

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Corporation _____ Partnership _____ Owner _____

Incorporation date _____ 19 _____ State _____

List of Corporate Officers:

President _____

Vice-President _____

Secretary _____

Treasurer _____

Number of Interstate Drivers _____ Over 100 air miles _____ # of Intrastate _____

Number of CDL drivers on Jan 15: _____ April 15: _____ July 15: _____ Oct. 15: _____

Total miles driven last 12 months, includes owner operators: _____

Cargo _____

Hazardous Materials _____

Vehicles	Straight trucks owned:	_____	Leased	_____
	Truck tractors owned:	_____	Leased	_____
	Trailers owned:	_____	Leased	_____
	Cargo tanks owned:	_____	Leased	_____
	Buses owned:	_____	Leased	_____

Does your company use a consortium? Yes _____ No _____

If yes, Name _____

City _____ State _____

Phone # (____) _____ - _____

MRO _____ Phone No. _____

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Safety Director _____ Payroll Clerk _____

The above information was provided by: _____ and is
certified

(Print Name and Title)

to be correct to the best of my knowledge and belief.

(Signature and Title)

(Date)